



**CITY OF DULUTH**  
**CITY CLERK'S OFFICE**  
330 City Hall | 411 West First Street  
Duluth, Minnesota 55802-1189  
Phone (218)730-5500  
Fax (218) 730-5923

FOR OFFICE USE ONLY

DATE 3-9-2016

LICENSE # 759972

2015

GOVERNMENT DATA PRACTICES ACT - CLASSIFICATION WARNING: The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. Some of the data will be classified as public data if and when the license is granted. Private financial information including a tax identification number and social security number are classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.

## LICENSE APPLICATION

### LICENSE

OFF SALE LIQUOR TRANSFER  
LEVEL 4 INVESTIGATION FEE (ONE TIME)

### FEE

\$358.00

209.00

Total \$567.00

LICENSEE NAME/ADDRESS/PHONE NO.

Mallow Enterprises Inc.  
3612 Decker Road  
218-727-6439

TRADE NAME:

Big Bottle Shop

BUSINESS PHONE:

218-727-4141

MANAGER'S NAME/ADDR/PHONE NO.

Jeremiah Johnson  
2401 W. Superior Street  
218 721 6787

OWNER OF BUSINESS PREMISES:

Randy Mallow  
3612 Decker Road  
Duluth

LIQUOR: PLAT/PARCEL: 5495 ST of 6TS 385

Duluth proper second division  
lot 0 BIK 49

387

LICENSE PERIOD: 9/1 - 8/31/

TRANSFERRED FROM:

Stock transfer from Brittany Mallow to Randolph Mallow

I HEREBY STATE THAT ALL INFORMATION HERE IS TRUE AND CORRECT AND THAT I SHALL COMPLY WITH ALL PROVISIONS OF THE ORDINANCES OF THE CITY OF DULUTH AND LAWS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS.

MAILING ADDRESS:

3612 Decker Road  
Duluth MN 55811

Signature of Applicant



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## APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

1. Name of Applicant (**individual, partnership or corporation or association**) that owns the business to be licensed: Mallow Enterprises Inc
2. Trade Name: Big Bottle Shop
3. Address of place to be licensed: 2401 W. Superior Street
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) ground floor
5. Name and address of owner of building: Randy Mallow 3612 Decker Road Duluth  
Any connection with applicant? same Who receives the rent: Randy Mallow
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title:  
Jeremiah Johnson 2401 W. Superior St. Mgr.
- 7.. If partnership, give name of each partner and percent of ownership, and if limited partnership, give details:  
-
8. If corporation, list all stockholders, directors, officers and percent of stock or number of shares owned by each:  
Randolph K Mallow 100%
9. State approximate distance of this establishment from nearest academy, college, university, church or school:  
3 city blocks
10. State whether any consideration, money or property, has been paid, or will be paid, given, exchanged or pledged, by anyone, and to whom, for the purchase or operation of this business. State the amounts in detail:  
NONE

**Failure to answer all questions truthfully on this application and attached "Exhibit A" which is made a part thereof, will be just cause for revocation of your license.**

I (we) hereby certify that the applicant will be the sole owner and operator of this business to be conducted under the license and I (we) will notify the City Council in writing of any change in ownership in this business before the change is made, for the approval of the Alcohol Gambling & Tobacco Commission and City Council. I (we) have read the foregoing questions and answers to said questions are true of my knowledge. I (we) will comply with all the provisions of the Alcoholic Beverage Code and the laws and regulations and their amendments.

Signature: [Signature]

Date: 3/1/2016

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

CITY CLERK'S OFFICE  
330 CITY HALL  
DULUTH, MN 55802

AFFIDAVIT "A"

ALCOHOLIC BEVERAGE  
LICENSE APPLICATION

To be completed by each individual license, or each member of partnership, or two major stockholders of a corporation, or two primary officers of a club and the person who will be directing the operation of the business on the licensed premises.

**NOTE:** Type or print legibly and provide all information requested. Failure to do so may delay the issuance of this license.

**RENEWALS:** If this affidavit is made relative to the annual renewal of an existing license, fill out items 1-4, and 11 & 12 of this application. Items 5-10 need be answered only as they relate to any changes in your status since the filing of your last affidavit.

1. License Applicant

Mallow Enterprises INC

(Individual, Partnership, Corporation or Club)

2. Address of licensed premises

2401 W. Superior Street

3. Your Name

Randolph

Kenneth

Mallow

11-06-1950

(First)

(Middle)

(Last)

(Jr./Sr.)

(Date of Birth)

4. Home Address

3612 Decker Road Duluth St. Louis

MN

55811

(Address)

(City)

(County)

(State)

(Zip)

5. Other home addresses in last 10 years:

6. Other names you are, or have been known by, including maiden name:

7. Your position in the business:

president

(Owner, partner, president, treasurer, manager, etc.)

8. (a). Do you, your spouse, or your children have any pecuniary interest in the ownership, operation, management or profits of any establishment license in Minnesota to sell liquor or 3.2 beer either at retail or wholesale? Yes \_\_\_\_\_ No X

(b). Do you, your spouse, or your children own stock in any corporation having a pecuniary interest in the ownership, operation, management or profits of any establishment license in Minnesota to sell liquor or 3.2 beer either at retail or wholesale? Yes \_\_\_\_\_ No X

## MN STATUTE 270C.72 TAX IDENTIFICATION FORM

Pursuant to Minnesota Statute 270C.72, Tax Clearance Required: The licensing authority is required to provide the Minnesota Commissioner of Revenue the business tax identification number and social security number of each applicant. Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest.
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license.

License applied for or renewed: Mallow Ent. Inc / Big Bottle Shop

Licensing authority: City of Duluth, St. Louis County, Minnesota

License renewal date: 9/1/2016

### Personal Information (if applicable)

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

### Business Information (if applicable)

Business Name: Big Bottle Shop (Mallow Ent. Inc.)

Business Address: 2401 W. Superior Street

Minnesota Tax Identification Number: ~~41-0954021~~ 7412542

Federal Tax Identification Number: 41-0954021

If a MN Tax I.D. is not required, please explain:

Signature: 

Date: 3/1/2016

**Certificate of Compliance  
Minnesota Workers' Compensation Law**

**THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT**

**PRINT IN INK or TYPE.**

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

LICENSE or CERTIFICATE NO (if applicable)	BUSINESS TELEPHONE NO. 218 727 4141	FAX TELEPHONE NO. —
BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.) Mallow Enterprises INC		
DBA ("doing business as" or also known as an assumed name) (if applicable) Big Bottle Shop		
BUSINESS ADDRESS (must be physical street address, no PO boxes) 2401 W. Superior Street	CITY Duluth	STATE MN
COUNTY St. Louis	ZIP CODE 55811	
E-MAIL ADDRESS Rmallow@charter.net		

**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1 or 2 below.**

**NUMBER 1 – Workers' compensation insurance policy information**

INSURANCE COMPANY NAME (not the insurance agent) Peerless Ins. Co.	NAIC Number 11355
POLICY NO. WC 4360539	EFFECTIVE DATE 8/31/2015
	EXPIRATION DATE 8/31/2016

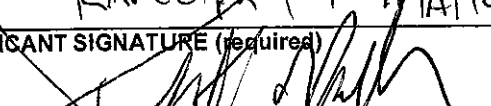
**NUMBER 2 – Reason for exemption from workers' compensation insurance**

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032 or 1-800-342-5354.

- ☐ I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- ☐ I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the Minnesota Department of Commerce).
- ☐ I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:

☐ Other: \_\_\_\_\_

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

PRINT NAME Randolph K. Mallow	TITLE President	DATE 3/1/2016
APPLICANT SIGNATURE (required) 		

NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape.



Minnesota Department of Public Safety  
**ALCOHOL AND GAMBLING ENFORCEMENT DIVISION**  
444 Cedar St., Suite 222, St. Paul, MN 55101-5133  
(651) 201-7507 FAX (651) 297-5259 TTY (651) 282-6555  
WWW.DPS.STATE.MN.US



**APPLICATION FOR OFF SALE INTOXICATING LIQUOR LICENSE**

**No license will be approved or released until the \$20 Retailer ID Card fee is received**

Workers compensation insurance company. Name Peerless Policy # WC 4360539  
Licensee's MN Sales and Use Tax ID # 7412542 To apply for a MN sales and use tax ID #, call (651) 296-6181  
Licensee's Federal Tax ID # 41-0954821

If a corporation, an officer shall execute this application If a partnership, a partner shall execute this application.

Licensee Name (Individual, Corporation, Partnership, LLC) <u>Mallow Enterprises INC.</u>	Social Security # <u>475-52-9202</u>	Trade Name or DBA <u>Big Bottle Shop</u>
License Location (Street Address & Block No.) <u>2401 W. Superior St.</u>	License Period From <u>7/1</u> To <u>8/31</u>	Applicant's Home Phone # <u>2187276489</u>
City <u>Duluth</u>	County <u>St. Louis</u>	State <u>MN</u>
Name of Store Manager <u>Jeremiah Johnson</u>	Business Phone Number <u>218 727 4141</u>	DOB (Individual Applicant) <u>—</u>

If a corporation or LLC state name, date of birth, Social Security # address, title, and shares held by each officer. If a partnership, state names, address and date of birth of each partner.

Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Address, City, State, Zip Code
<u>Randy L. Kenneth Mallow</u>	<u>11/06/1950</u>	<u>475-52-9202</u>	<u>pres.</u>	<u>100</u>	<u>3612 Decker Rd Duluth MN</u>
Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Address, City, State, Zip Code
Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Address, City, State, Zip Code
Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Address, City, State, Zip Code

1. If a corporation, date of incorporation Aug 21, 1969, state incorporated in MN., amount paid in capital —. If a subsidiary of any other corporation, so state — and give purpose of corporation TO operate a liquor store. If incorporated under the laws of another state, is corporation authorized to do business in the state of Minnesota? ☒ Yes ☐ No
2. Describe premises to which license applies; such as (first floor, second floor, basement, etc.) or if entire building, so state.  
ground floor
3. Is establishment located near any state university, state hospital, training school, reformatory or prison? ☐ Yes ☒ No If yes state approximate distance. —
4. Name and address of building owner: Randy Mallow 3612 Decker Road Duluth MN  
Has owner of building any connection, directly or indirectly, with applicant? ☒ Yes ☐ No
5. Is applicant or any of the associates in this application, a member of the governing body of the municipality in which this license is to be issued? ☐ Yes ☒ No If yes, in what capacity? —
6. State whether any person other than applicants has any right, title or interest in the furniture, fixtures or equipment for which license is applied and if so, give name and details. Kenneth & Karen Mallow contract to purchase  
Business still going on
7. Have applicants any interest whatsoever, directly or indirectly, in any other liquor establishment in the state of Minnesota?  
☐ Yes ☒ No If yes, give name and address of establishment. —

8. Are the premises now occupied or to be occupied by the applicant entirely separate and exclusive from any other business establishment? ☒ Yes ☐ No
9. State whether applicant has or will be granted, an On sale Liquor License in conjunction with this Off Sale Liquor License and for the same premises. ☐ Yes ☒ No ☐ Will be granted
10. State whether applicant has or will be granted a Sunday On Sale Liquor License in conjunction with the regular On Sale Liquor License. ☐ Yes ☒ No ☐ Will be granted
11. If this application is for a County Board Off Sale License, state the distance in miles to the nearest municipality. \_\_\_\_\_
12. State Number of Employees 6
13. If this license is being issued by a County Board, has a public hearing been held as per MN Statute 340A.405 sub2(d)? \_\_\_\_\_
14. If this license is being issued by a County Board, is it located in an organized township? **If so, attach township approval.**

1. State whether applicant or any of the associates in this application, have ever had an application for a liquor license rejected by any municipality or state authority; if so, give dates and details. NO
2. Has the applicant or any of the associates in this application, during the five years immediately preceding this application ever had a license under the Minnesota Liquor Control Act revoked for any violation of such laws or local ordinances; if so, give dates and details. NO
3. Has applicant, partners, officers, or employees ever had any liquor law violations or felony convictions in Minnesota or elsewhere, including State Liquor Control penalties? ☐ Yes ☒ No If yes, give dates, charges and final outcome.
4. During the past license year, has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802.  
☐ Yes ☒ No If yes, attach a copy of the summons.

This licensee must have one of the following:

(ATTACH CERTIFICATE OF INSURANCE TO THIS FORM.)

Check one

- ☒ A. Liquor Liability Insurance (Dram Shop) - \$50,000 per person, \$100,000 more than one person; \$10,000 property destruction; \$50,000 and \$100,000 for loss of means of support.
- or
- ☐ B. A surety bond from a surety company with minimum coverage as specified in A.
- or
- ☐ C. A certificate from the State Treasurer that the licensee has deposited with the state, trust funds having market value of \$100,000 or \$100,000 in cash or securities.

I certify that I have read the above questions and that the answers are true and correct of my own knowledge.

Print name of applicant & title

Signature of Applicant

Date

Randolph K. Mallow Pres

[Signature]

3/1/2016

**REPORT BY POLICE/SHERIFF'S DEPARTMENT**

This is to certify that the applicant and the associates named herein have not been convicted within the past five years for any violation of laws of the State of Minnesota or municipal ordinances relating to intoxicating liquor except as follows:

Police/Sheriff's Department

Title

Signature

County Attorney's Signature

PS 9136-(2009)

**IMPORTANT NOTICE**

All retail liquor licensees must register with the Alcohol, Tobacco Tax and Trade Bureau.  
For information call (513) 684-2979 or 1-800-937-8864



**CITY OF DULUTH**  
411 West First Street • Duluth, Minnesota 55802

City of Duluth  
Treasurer's Office  
105 City Hall  
Duluth, MN 55802  
(218) 730-5350

## RECEIPT

**RECEIPT DATE**

3/9/2016

**RECEIVED FROM**

MALLOW ENTERPRISES, INC

**RECEIPT No.**

2016-00063222

**COLLECTION STATION**

Clerks 1

**CHECK No.**

35297

**CASHIER**

Marian Collins

PAYMENT CODE	RECEIPT DESCRIPTION	TRANSACTION AMOUNT														
CD-License	License - 759972 110-121-1211-4101 Liquor License 567.00	\$567.00														
<table><tr><td>Total Cash</td><td>0.00</td></tr><tr><td>Total Check</td><td>567.00</td></tr><tr><td>Total Charge</td><td>0.00</td></tr><tr><td>Total Other</td><td>0.00</td></tr><tr><td>Total Remitted</td><td>567.00</td></tr><tr><td>Change</td><td>0.00</td></tr><tr><td>Total Received</td><td>567.00</td></tr></table>		Total Cash	0.00	Total Check	567.00	Total Charge	0.00	Total Other	0.00	Total Remitted	567.00	Change	0.00	Total Received	567.00	
Total Cash	0.00															
Total Check	567.00															
Total Charge	0.00															
Total Other	0.00															
Total Remitted	567.00															
Change	0.00															
Total Received	567.00															
	Total Amount:	\$567.00														

**OWNER INFORMATION**

Name: ,

Address:

Tax Parcel No:

**THIS IS NOT A PERMIT**